

5. Alternatives (continued)			
6. PREVIOUS EXCEPTIONS: Any previous exceptions? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date _____ Amount \$ _____ What? _____			
7. LOCAL OFFICE ACTION			
SIGNATURE OF PERSON REQUESTING EXCEPTION			DATE
<input type="checkbox"/> ENDORSED <input type="checkbox"/> NOT ENDORSED		COMMENTS	
SUPERVISOR SIGNATURE		DATE	
8. REGIONAL OFFICE ACTION (As necessary)		9. STATE OFFICE ACTION (If necessary)	
<input type="checkbox"/> ENDORSED <input type="checkbox"/> NOT ENDORSED _____ <div style="text-align: center;">Area Manager</div>		<input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED	
<input type="checkbox"/> ENDORSED <input type="checkbox"/> NOT ENDORSED _____ <div style="text-align: center;">Regional Manager</div>			
Comments		Comments	
10. Decision telephoned to office originating request?		DATE	TIME
11. APPROVING AUTHORITY SIGNATURE		DATE	